

Entered - 3-2-01 - sb
CL - 01L0158 ALEXIS HOLMES

01- *L* -0935

CLAIM OF: **LARRY MARTIN**
429 Eastwyck Circle
Decatur, Georgia 30032

For damages alleged to have been sustained as a result of a vehicular accident on February 13, 2001, at Decatur Street and Boulevard, SE.

BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **LARRY MARTIN** the sum of **\$2,000.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character **for damages alleged to have been sustained as a result of a vehicular accident on February 13, 2001, at Decatur Street and Boulevard, SE** as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: *Rosalind Rubens Newell*
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY *Robert N. City DCA*

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0158

Date: 5/03/01

Claimant /Victim LARRY MARTIN

BY: (Atty) _____

Address: 429 Eastwyck Circle Decatur, Georgia 30032

Subrogation: _____ Claim for Property damage \$ 7,986.34 Bodily Injury \$ _____

Date of Notice: 2/20/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 2/13/01 Place: Decatur Street at Boulevard, SE

Department Public Works Division: Solid Waste Services

Employee involved Samuel Anthony Disciplinary Action: Terminated

NATURE OF CLAIM: The claimant sustained damages when his vehicle was struck by a City vehicle that made an "improper lane change." The City employee was cited for same.

INVESTIGATION:

Statements: City employee X Claimant X Other X Written _____ Oral _____

Pictures _____ Diagrams X Reports: Police X Dept Report X Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver X Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X

City not involved _____ Offer rejected _____ Compromise settlement X

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ 2,000.00 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____

Claims Manager: _____ Concur/date _____

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 2/15/01

FEB 20 2001

ENTERED - 3-2-01 - SB
01L0158 - ALEXIS HOLMES

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 7986.34 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: Feb. 13, 2001 (month/day/year) 2. Time of Incident: _____ 3. Police called: ☒ Yes ☐ No
4. Location of incident (including street address): Decatur St. @ Boulevard SE
5. Name of your insurance company: American General Policy No. CAND0777
6. State what and how incident occurred: I was traveling eastbound on Decatur St. when City of ATL. Open Body Dump Truck came into my lane and hit my veh.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: FORD (Make) 1995 (Year) PICKUP (Tag Number) DEKALB 721-PAF (Driver's Name) LARRY MARTIN

City vehicle: Dump Truck (Make) SAMUAL Anthony (City Driver's Name) Public Works/Sanitation (Department/Bureau)

9. Witness: _____ (Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Larry B. Martin
Signature of Claimant

LARRY MARTIN
(Print Claimant's Name)
429 Eastwyck Circle
(Address)
Decatur, Ga. 30032
(City, State and Zip Code)

Cell - 770-329-0770 404-560-2230
(Work Number) (Home Number)

404-244-7775

GENERAL RELEASE AND INDEMNIFICATION

CLAIM NUMBER 01L0158

\$ 2,000.00

IN CONSIDERATION of the sum of TWO THOUSAND AND 00/100
 DOLLARS, to be paid by the CITY OF ATLANTA, the future receipt of which is hereby acknowledged,
I do hereby, for myself, my heirs, executors, administrators, and assigns, release and forever discharge said City,
its officers and employees, from any and all claims, demands, actions, causes of action, suits, damages, loss and
expenses, of whatsoever kind or nature for or on account of anything that has heretofore occurred, and particularly
for or on account of vehicular accident
which occurred on or about the 13th day of February, 2001,
at or near Decatur Street and Boulevard, SE

It is further understood and agreed that the payment of the above named sum is not to be considered as an
admission on the part of the City, its officers, agents, servants or employees, of any liability whatsoever and the
undersigned further covenants and agrees to indemnify and hold harmless the City of Atlanta, its officers, agents,
servants and employees, from any and all claims, damages or costs which the said City of Atlanta, its officers,
agents, servants and employees, may be called upon to make as a result of the event hereinbefore referred to.

And I now state that the only consideration for my signing this release and indemnification is the payment
of the sum stated above; that no other promise or agreement of any kind or nature has been made to or with me by
said City or its agents to cause me to sign this release, and that I fully understand the meaning and intent of this
instrument.

WITNESS my hand and seal this 12th day of June, 2001

Larry B. Martin (LS)
LARRY MARTIN

The above release was read and explained to, and signed by the said

Larry B. Martin
(Larry Martin)

_____ in our presence on the date above written.

Arthur D. Hayes

WITNESSES

Notary Public, Fulton County, Georgia
My Commission Expires April 18, 2004

01- R -0935